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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the application of:	)	Examiner: A. Ragonese
Inventors: Simhambhatla et al.	)	
Serial No.: 09/713,384	)	Group Art Unit: 3749
Filed: November 14, 2000	)	Docket No. ACSC 60540 (1618)
For: <b>DIMENSIONALLY STABLE AND GROWTH CONTROLLED INFLATABLE MEMBER FOR A CATHETER</b>	)	July 30, 2002

**RESPONSE TO RESTRICTION REQUIREMENT**

Commissioner for Patents  
Washington, D.C. 20231

Sir/Madam:

In response to the Restriction Requirement of July 17, 2002, applicant elects, without traverse, claims 9-16 and 21 for consideration on the merits.

Respectfully submitted,  
FULWIDER PATTON LEE & UTECHT, LLP

By: \_\_\_\_\_

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/713,384	
	Filing Date	11/14/2000	
	First Named Inventor	Murthy V. Simhambhatla	
	Group Art Unit	3749	
	Examiner Name	A. Ragonese	
Total Number of Pages in This Submission	2	Attorney Docket Number	ACSC 60540 (1618)

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>  Postcard
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Signature	
Date	July 30, 2002

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